I want to welcome the largest and most diverse incoming class ever to the Graduate Program in Public Health at the Icahn School of Medicine at Mount Sinai. This September 66 Master of Public Health students (including residents, fellows, dual degree MD/MPH, DPM/MPH, and MSW/MPH) and 9 Advanced Certificate Students joined the program. They are an extraordinary group of individuals and I am sure they will further enhance the Mount Sinai public health experience. You are joining a growing group of public health experts at Mount Sinai!

As our student body grows, so are our course offerings. I am excited to announce the addition of several new courses for the 2014-2015 academic year, including *Advocacy in Action: How to Solve Problems in Public Health*, *Chronic Disease Epidemiology*, *Public Health Law*, *Public Health Informatics*, and several workshops and seminars designed to assist students working on their research or their final culminating projects. We will continue to enhance our curriculum. Our Program will be hosting its first series of Grand Rounds this academic year. We hope that you will take advantage of these stimulating lectures and discussions. Keep an eye out for announcements!

The current large-scale and worsening Ebola outbreak in West Africa represents a growing global public health emergency, and reminds us of the need for well-educated public health experts. Some of the recent action is not grounded on scientific evidence and could undermine efforts to curb the epidemic at its source. Well educated public health experts base their response not on political calculation but the best available medical, scientific and epidemiological evidence; be proportional to the risk; balance the rights of individuals and the community; minimize unintended negative consequences; and minimize unnecessary use of limited resources. A more robust, comprehensive, and active operational response to the outbreak where it began and where it has done the most damage, in West Africa, is necessary. The Graduate Program in Public Health at the Icahn School of Medicine at Mount Sinai strongly advocates for the dedication of the appropriate resources containing the outbreak where it is most virulent; and that any effort is guided by science and not political agendas.

**GLOBAL HEALTH:**

For the first time, the Global Health track is offering an Epidemiology and Biostatistics focus for students who are interested in developing Global Health careers that involve skills in data collection and analysis. This focus will provide global health track students with an additional skill set above and beyond what the track has to offer. Students are encouraged to check out the details of the focus posted on Blackboard and/or set up a time to discuss further with Dr. Ripp.

**BIOSTATISTICS:**

Dr. Emma Benn was newly appointed as the Academic Outreach Coordinator for the Center for Biostatistics at ISMMS and will serve as the co-director (with Dr. Michael Parides) of the Biostatistics Track.

The Center for Biostatistics at ISMMS recently launched a new initiative called “STAT-CHAT.” This program is aimed at providing free, brief (~15 minutes), walk-in statistical consultations for all ISMMS faculty, fellows, post-docs, residents, and students. MPH students in need of statistical advising can access STAT-CHAT every Monday from 1-2pm in L2-82 of the Icahn Building.
Q: What led you to decide you wanted to work in complex humanitarian emergencies, and specifically with refugees?

After many years as a pediatrician in intensive care in Britain, I started working in a detention center in the middle of the Australian desert for refugees from Afghanistan and other countries. The refugees had travelled from terrible places and were forced to live in very punitive conditions, in limbo, and under constant humiliation. Fifteen years later, even after working in various war-torn countries (Sudan, Chad, Haiti, Somalia, East Timor, and Lebanon), the detention center is still the worst place I have ever worked. There, I watched the compounding of human rights abuses manifest itself in all sorts of health outcomes: from developmental delay in young kids to regression, anorexia, suicide and self-mutilation in the older ones. I became an accidental advocate. That was when I traded the PICU for refugee health and human rights.

Q: How does that tie into your research interests?

Ever since my time at the detention center, I wanted to explore the relationship between violations of human rights and health outcomes. The brutal conflict in Syria – where the government was not only attacking civilians but also targeting hospitals, criminalizing doctors for doing their jobs, and destroying the public health infrastructure – was the ‘perfect’ place to explore this issue, particularly the longitudinal impact of the destruction of the health system.

Refugees are very vulnerable populations and the way they are portrayed as damaged people bothers me. I prefer to think of them as survivors of human rights violations. My research uses refugee health outcomes to measure civilian suffering because health is something we all understand; it’s a way to put human faces back on refugees and to talk about the impact of war in a way that’s accessible. The return of polio to Syria is a good example of how critical the situation there is, and it has been much easier to engage people – whether it’s my students or Bill Gates – in public health issues than in war crimes.

Q: What has been the greatest challenge you’ve faced in your work here or abroad?

Wars and disasters don’t keep working hours so being an aid worker doesn’t leave much room for relationships. Moving every few years hasn’t been easy, nor is constantly living far away from one’s roots and family. My husband (who runs Human Rights Watch) and I had a very long-distance relationship between New York and Nairobi, where I was working, until we got married. Moving to New York meant that I was even further away from my family as New York is literally halfway round the world from Perth. A year later, my home was burnt to the ground in a “controlled burn” set by the government that got out of control. I’ve lost a lot, which has been hard, but that means I am better placed to talk to refugees about what they’ve lost.

Q: Can you share any advice?

I teach Humanitarian Aid in Complex Emergencies. It’s a pretty demanding class as there’s no shortage of complex emergencies out there. The aid industry is competitive and if my students want to work in the field these days, I want them to be well prepared. I use my own experiences from the last 15 years and from the trips I take every 2 months to the Syrian border to illustrate my teaching, and how I am still learning myself.

Learning how to talk to people in extremis is tough. One story that I told recently was about meeting a family of urban refugees on the streets of a small border town. I was exhausted and nearly passed them by but then we started talking. They had arrived from Syria that day having lost their home, farm, and cows. They had sold their car and used up their savings. The parents were sweeping out all the mud from a shop front that they had to move into before nightfall and the kids were lying on top of rolled up carpets and mattresses. They didn’t want to live in a camp – most refugees don’t. After about 20 minutes of talking, I felt terrible that I had disturbed them when they were so busy so I apologized. The father said: “You are the only person who stopped to ask how we were. No one else can even see us. And look at us! We look as if we live on the street.” Syrians are very hospitable; he was ashamed that he couldn’t even offer me a cup of tea. Instead, I asked him to give me a cigarette (I don’t smoke and I’m not advocating taking up smoking!) because I wanted him to be able to give me something as an act of restorative dignity. It was the only thing he could give me and it meant a lot to both him and his family.

Live and learn!
ISMMS Students Launch an Exhibition in Cape Town, South Africa to Advocate for the Rights of Sex Workers

By Vivian Nguyen, a second-year MPH student in the Global Health Track

The photo collection, titled “I Am A Sex Worker,” shares the portraits and narratives of male, female, and transgender sex workers as a way of highlighting the humanity behind sex work. The project grew from a collaboration between ISMMS students, Ian Kwok (MD 2017) and Vivian Nguyen (MPH 2015), who spent the summer interning in South Africa with the Sex Workers Education and Advocacy Taskforce (SWEAT). As a human rights non-governmental organization, SWEAT advocates for the decriminalization of sex work to ensure access to health care and legal protection for the human rights of society’s most vulnerable populations.

“I Am A Sex Worker” was created to provide a visible platform for those who are marginalized. The photos and narratives reflect the lived experiences of sex workers who have agreed to share their stories in hopes of combating the dehumanizing media representations of the sex work industry and those who participate in it.

The exhibition took place on August 15 at SWEAT’s headquarters in Cape Town. Each portrait was accompanied by a handwritten card that read: “I am a Sex Worker, I am a… _______” with a blank provided for the participants to define themselves.


The message was simple: I am not just a sex worker, I am so much more.

The project received widespread attention in both South Africa and in the United States, culminating in news coverage and a feature on national television. The photos have been commissioned for display permanently at the SWEAT headquarters and can be found publically at IAmASexWorker.tumblr.com. They are currently shortlisted to be showcased at Infecting the City, a public arts festival in South Africa, in March 2015.
Advocacy in Action: A New Course with a New Approach

By Caitlin O’Neill, a second-year MPH student in the Global Health Track.

This fall, a new course was introduced into the MPH program, Advocacy in Action: How to Solve Problems in Public Health. Dr. Cappy Collins brings an upstream approach to health care, guiding students through fundamental concepts in health advocacy as they develop their own project proposals, program developments and policy initiatives.

Advocacy in Action emphasizes evidence-based design: use what works, avoid what doesn’t. With the help of guest lecturers from community organizations around the city, Dr. Collins shows students how successful initiatives depend on partnerships among stakeholders, especially when the community itself is included in the process. Field trips to community sites add to the hands-on experience students gain as they develop innovative solutions to solve the problems that matter to them.

“People in public health are passionate about the problems in the world,” says Dr. Collins, “...malaria in West Africa, early childhood development here in East Harlem; regardless of “where” and “who,” the “what” is the thing that drives you to action. From there it’s a matter of giving yourself the best chance for success by following best-practices, finding your partners, measuring efficacy, and planning for sustainability.”

This innovative new course shows great potential and not only open doors to practicum opportunities, but gives students first-hand experience in developing, advocating, and/or contributing to a variety of community projects. Gaining insight into creating projects on a step-by-step level and learning how to implement them on a local level is a core aspect of public health and this is exactly what this course offers.
Ester is an international student from Spain; she is in the second year of her MPH studies in the Health Care Management Track.

**Q: What attracted you to the Graduate Program in Public Health at ISMMS?**

The Graduate Program in Public Health at ISMMS offered me the opportunity to complement my strengths in health care management and health policy by providing critical coursework in epidemiology, biostatistics, and clinical outcomes research. At the same time, moving to New York allowed me to complete my professional studies in one of the most competitive and challenging cities in the world.

**Q: What track are you pursuing and why?**

The Health Care Management track provides specific knowledge and practical tools to understand the challenges of managing health care in a real environment, such as assessing the cost-effectiveness of individual programs and projects. As an economist working in the health care field, I wanted to acquire specific skills related to health care systems that I could apply to my health economics research. I'm interested in continuing my research on the economic evaluation of public health interventions and health care innovation within international projects, including public and private organizations. I'm also interested in applying my health care management and health policy skills to pricing and reimbursement and market access related projects within the pharmaceutical field.

**Q: Can you talk more about your projects?**

During my time in the Catalan Health Service in Spain, I worked to improve access and prescription cost-effectiveness of a variety of drugs. I had the opportunity to manage a program that improved access to pharmacological lipid-lowering treatments for patients diagnosed with heterozygous familial hypercholesterolemia using a patient registry. The interdisciplinary nature of my background in public health is best illustrated by the different projects I've undertaken.

Right now I'm finishing my practicum at the Cardiovascular Institute at Mount Sinai under Dr. Castellano's mentorship. I'm currently working on a research project to study the association between levels of medication adherence and long-term cardiovascular events and use of health care resources. In particular, I am focused on looking at the economic outcomes as well as applying project management competencies to a translational project that involves different organizations at an international level.

"As an economist working in the health care field, I wanted to acquire specific skills related to health care systems that I could apply to my health economics research."

**Q: What are your thoughts on your experiences at ISMMS so far?**

I'm really impressed by the experienced and internationally focused faculty of the program. Specifically, I have been able to apply relevant public health skills to my practicum/research project. Through 2014 Spring term, Dr. Factor provided me key epidemiology knowledge that I was able to apply in the design and implementation of my research project. Moreover, Dr. Arnold provided me critical tools to perform economic evaluations in the US. Dr. Rosenberg also gave me key strategic management practices. Finally, Dr. Castellano, Dr. Bansilal, Dr. Garcia Alonso and Dr. Espinosa provided me critical knowledge to better understand the medical and strategic perspective of my work.
I awoke to the sound of torrential rain hammering on the roof. “Thank goodness I packed rain boots,” I thought to myself before swiftly slipping back into a deep slumber. Our first few days in Addis Ababa, Ethiopia were spent fighting jet lag, braving the local mini buses, and anticipating the rainy season downpours. I have traveled to Africa many times in the past with the Foundation of Orthopedics and Complex Spine, a non-profit that treats children with life-threatening spinal deformities, but never to Ethiopia and never for seven weeks. This time I was going with the Global Health Program at ISMMS to work with the Worldwide Orphans (WWO) Foundation at their clinic and orphanage for most of the summer. I feared what I would miss back in New York and felt hopelessly disconnected from my every day norms. However, as the first week trickled by, I stopped counting down the days until my return and began relishing in my summer surroundings.

Ethiopia is a country of rich culture and immense beauty. Most Ethiopians are Orthodox Christians. Women wear white cover-ups like the Virgin Mary and even the youngest of children don wooden crosses around their necks. According to Ethiopians, their beauty is found in their tamazzana, which means balance. Their facial features are even and delicate, and everyone carries their slender frame with grace. The drums and harps of traditional music are hypnotizing and the accompanying shoulder-locking dance moves appear out-of-body. Tej, the signature honey wine is dangerously delicious and there’s no escaping an injera and shiro craving. The beauty of Ethiopia extends way beyond the people and the culture. The landscapes of Abyssinia (the former name of the Ethiopian Empire) are mesmerizing. During our trips to the North, we witnessed distant fields and hills of green grass and grain. Coffee trees and iridescent eucalyptus trees are found in abundance and grazing sheep and donkeys are always within sight.

My time spent at the WWO clinic and orphanage was a bonus. The WWO Foundation’s Family Health Clinic treats pediatric and adult HIV/AIDS patients and offers free HIV screenings. Working with them, I investigated HIV-positive patients who have failed first-line antiretroviral therapy in the hopes of finding predictors and risk factors for treatment failure. I was also able to spend time at the WWO-funded orphanage and children's summer camp. Des’ Village, the orphanage, houses 51 HIV positive kids who have lost their parents or have been abandoned while the WWO Summer Camp holds sessions for kids living with HIV. Both are extraordinary programs that provide support and education for children with HIV and allow them the freedom of expression.

Somewhere between traveling, meeting patients, playing with the camp children, and taking salsa dance lessons with my new friends, I fell in love with this beautiful country. Departing was difficult but I am so grateful for the experience and the friends I made along the way. I look forward to the day when I can return—muddy roads and all.
Graduate Public Health students had the opportunity to hear the facts first-hand from a health policy analyst who spoke about implementation of the Affordable Care Act (ACA) in a recent Grand Rounds lecture sponsored by the Department of Preventive Medicine and the Graduate Program in Public Health. The lecture, “Healthcare Reform: An Overview of the Affordable Care Act and the NYC Health Department’s Role,” was given by Rishi K. Sood, MPH, Health Policy Analyst, Bureau of Primary Care Access and Planning, New York City Department of Health and Mental Hygiene, to an overflowing room of ISMMS clinicians and students.

Mr. Sood began with an overview of the ACA, also known as “ObamaCare,” which was signed into law in 2010. He reminded the group of the law’s objectives to expand insurance coverage, control health care costs, and improve the health care delivery system—particularly by emphasizing prevention over treatment and improving coordination of care. He discussed the law’s main components including the individual and employer mandates, the expansion of Medicaid, access to private insurance through Health Insurance Marketplaces and reforms to the Medicare program.

Nearly 500,000 NYC residents signed up for health insurance coverage through the New York State marketplace during the first open enrollment period, which ended on April 15, 2014. Mr. Sood said he was pleased to have the opportunity to present information to Mount Sinai Public Health and Preventive Medicine staff: “Medical providers and public health practitioners play a critical role in the transformation of our health care delivery system. It is important for all health care workers to have a full and accurate understanding of health care reform and its impact in New York.”

The ACA’s emphasis on prevention and public health was highlighted in Mr. Sood’s lecture. The law includes a requirement that new plans cover preventive services and immunizations with no cost sharing to the patient. The law provides increased funding for community health centers and many other public health priorities. The law’s Prevention and Public Health Fund has funded prevention activities in local health departments.

Philip Landrigan, MD, MSc, Professor and Chair of Mount Sinai’s Department of Preventive Medicine, hosted the lecture and notes, “The ACA’s many provisions focused on preventive medicine, such as incentivizing physicians to keep people healthy and out of the hospital rather than delivering treatments once they are ill, holds promise for bringing about a paradigm shift in the practice of American medicine. The public health community will be at the forefront of this change.”

Some Upcoming Grand Rounds Focused on Public Health:

12/03/14 - “Fats, sugars, and widening food quality gaps: Controversies and consensus”
Frank B. Hu, MD, PhD (Environmental)
Professor of Nutrition and Epidemiology
Harvard School of Public Health

01/07/15 - “NYC HANES 2013-2014: Evaluating municipal policies using population-based biomarkers”
Lorna Thorpe, PhD (Epi)
Director, Epidemiology and Biostatistics Program
CUNY School of Public Health at Hunter College
Want to Get More Involved?

Become a Student Ambassador!

Do you remember first being accepted into the Graduate Program in Public Health at ISMMS?

I’m sure you had questions about student life, housing, specialty tracks, class sizes, practicum opportunities, advisors, finding mentors, balancing full-time or part-time jobs, student organizations, registration, course load, opportunities for volunteering or research, and so on ... Considering graduate school is overwhelming!

That’s where we come in. Student Ambassadors are current students who volunteer to guide prospective public health students through these inevitable questions. Eligible students agree to be connected via e-mail with newly accepted students. We answer questions, point the perspective students towards the right resources, and sometimes provide tours of the school for visiting students and their families. As a student ambassador, I have led several campus tours and each time, I enjoyed sharing my experiences and explaining the different aspects of the program.

The Student Ambassador program is a great opportunity to volunteer your time (as little as an hour every term) and it has a big impact on our program. Student Ambassadors act as mentors and ultimately, your advice could influence a student’s decision to attend ISMMS or even to pursue an MPH.

Please contact Christine Cortalano if you would like to join our team of Student Ambassadors!

By Marium Rashid, a second-year MPH student in the Epidemiology Track

Join the Public Health Interest Group!

The Public Health Interest Group (PHIG) is gaining recognition throughout ISMMS!

The goal of PHIG is to bring together students across all disciplines to create a spotlight on current public health issues. The growing interest group holds events such as trivia nights, socials, and seminar-style lectures by leaders in the public health field throughout the school year. The PHIG will also be hosting big events at Mount Sinai during National Public Health Week, which will fall on April 6 – 12, 2015. Join today! Please contact Vivian Nguyen for more information.

APHA POSTER PRESENTATION

Congratulations to Alexandra Douglas, an MD/MPH student from Mount Sinai who presented her poster, “Development and Validation of a Behavioral Assessment Tool for Optimizing Linkage to Hypertension Care in Kenya: The LARK Study,” at the American Public Health Association (APHA) Annual Meeting and Exposition in New Orleans, LA in mid-November!